

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS**

Production Phone: 1-800-200-2269

1. System: **Welcome to the New Jersey Division of Pensions and Benefits TEPS Program.**
(6012) If you are calling from a touch-tone phone, please press **1** now. If you have a rotary phone, please hold the line for operator assistance.
2. System: **To expedite your call, please press the pound (#) sign after each entry AND after the system repeats your entry. If your entry or what you hear is not correct, press the star (*) key and the system will reprompt that field. At any time during the recording, please press the star key three times (***) to transfer to an operator.**
3. System: For Pension remittances, press **1**. For Health Benefits remittances, press **2**.
4. System: Please enter your 6-digit Location Number.
5. System: You entered _____. Press # to accept or * to reenter.
6. System: Enter your Password.
7. System: To make a payment, press **1**.
To perform a cancellation or inquiry, press **2**.
To change your password, press **3**.

IF '1' is entered:

8. System: Please enter your payment code.
9. System: You entered _____ for _____. *(Repeats Payment code and name.)*
- 10A. System: Enter the Transmittal Month, Quarter and Year for which you are making a payment in MMQYYYYY format.
- 11A. System: You entered _____ Press # to accept or * to reenter.
- Go to Prompt 14.
- 10B. System: Enter the quarter and year from the Transmittal Shortage Statement you received from the Division of Pensions and Benefits in QYYYYY format.

11B. System: You entered _____. Press # to accept or * to correct and reenter.

12B. System: Enter the 4-digit Notice # on the Transmittal Shortage Statement.

13B. System: You entered _____. Press # to accept or * to correct and reenter.

Go to Prompt 14.

14. System: Enter the PENSION PAYMENT AMOUNT or enter zero and # to skip.

15. System: You entered ____ dollars and ____ cents. Press # to accept or * to correct and reenter.

16. System: Enter the CONTRIBUTORY INSURANCE AMOUNT or enter zero and # to skip.

17. System: You entered ____ dollars and ____ cents. Press # to accept or * to correct and reenter.

18. System: Enter the SACT AMOUNT or enter zero and # to skip.

19. System: You entered ____ dollars and ____ cents. Press # to accept or * to correct and reenter.

20. System: Enter the TAX SHELTERED ANNUITY AMOUNT or enter zero and # to skip.

21. System: You entered ____ dollars and ____ cents. Press # to accept or * to correct and reenter.

Go to prompt 22.

10C. System: Enter the due date printed on your bill in MMDDYYYY format?

11C. System: You entered _____. Press # to accept or * to correct and re-enter.

12C. System: Enter payment amount for Annual Employer Appropriation payment.

Go to prompt 22.

10D. System: Enter your 6 digit invoice number (123456) (Invoice number is located at the top left corner of your bill.)

11D. System: You entered _____. Press # to accept or * to correct and reenter.

12D. System: Enter payment amount.

Go to prompt 22.

10E. System: Enter the quarter and year from the Interest Payment on Delinquent Report of Contributions and Monthly Transmittals bill you received in QYYYY format.

11E. System: You entered_____.

12E. System: Enter the 4-digit Notice # on the Delinquent Report of Contributions and Monthly Transmittals Bill.

13E. System: You entered _____.

14E. System: Enter payment amount for Delinquent Report of Contributions and Monthly Transmittals Bill.

Go to prompt 22.

10F. System: Enter the school year ending on June 30 YYYY format.

11F. System: You entered _____. Press # to accept or * to correct and re-enter.

12F. System: Enter payment amount.

Go to prompt 22.

4. System: You have chosen the Health Benefits payment option. Please enter your 6-digit employer ID number.

5. System: You entered _____. Press # to accept or * to correct and reenter.

6. System: Enter your Password.

7. System: To make a payment, press **1**.
To perform a cancellation or inquiry, press **2**.
To change your password, press **3**.

IF '1' is entered:

8. System: Please enter Payment code.

9. System: You entered ____ for _____. (*Repeats payment code and name.*)

10A. System: Enter the billing date shown on your statement in MMDDYYYY format?

11A System: You entered _____. Press # to accept or * to correct and re-enter.

12A. System: Enter payment amount for local employer active bill.

Go to prompt 22

10B. System: Enter the billing date shown on your statement in MMDDYYYY format.

11B System: You entered _____. Press # to accept or * to correct and re-enter.

12B. System: Enter payment amount for local employer retired bill.

Go to prompt 22

10C. System: Enter the billing date shown on your statement in MMDDYYYY format.

11C. System: You entered _____. Press # to accept or * to correct and re-enter.

12C. System: Please enter the amount of member contributions including premium share and prepaid premiums that you are remitting for the health benefits plan or enter zero and # to skip.

13C. System: You entered ___ dollars and ___ cents. Press # to accept or * to correct and reenter.

14C. System: Please enter the amount of member contributions you are remitting for dental plans or enter zero and # to skip.

15C. System: You entered ___ dollars and ___ cents. Press # to accept or * to correct and reenter.

16C. System: Please enter the amount of member contributions you are remitting for the prescription drug plan or enter zero and # to skip.

17C. System: You entered ___ dollars and ___ cents. Press # to accept or * to correct and reenter.

Go to Prompt 22

22. System: Your TOTAL PAYMENT AMOUNT is _____ dollars and _____ cents.
To accept and receive your Reference Number press **1**.
To correct and reenter **ALL** amounts again, press **2**.

23. System: Thank you. Your payment has been accepted.
Your Reference Number is _____.
Repeating, your Reference Number is _____.

24. System: To continue Pension payments, press 1.
To continue Health Benefits payments, press 2.
To disconnect, press 3 or simply hang up now.

25 Thank you for calling the TEPS program.